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UTILITY	Attorney Docket No.	33476US2							
PATENT APPLICATION	First Inventor Masand		i Konishi						
TRANSMITTAL	Title	INFRARED	LAMP						
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	EV 293319801							
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Pa Commission P.O. Box 14 Alexandria	ner for Pate 50	nts					
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages102] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. Drawing(s) (35 U.S.C. 113) [Total Sheets27]  5. Oath or Declaration [Total Sheets4] a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	i. CD  ii. Pap  c. Stateme  ACCOMPAN  9. Assignment I 10. 37 CFR 3.73 (when there I 11. English Tran 12. Information I Statement (II 13. Preliminary A 14. Return Rece (Should be s 15. Certified Cop (if foreign pri Nonpublicati (b)(2)(B)(i). A or its equival 17. Other:	ram (Appendimino Acid Seessary) r Readable F tion Sequent -ROM or CD per -ROM or CD per -ROM or CD	dix) equence: form (CRF ce Listing In-R (2 copi identity of PLICAT er sheet & int identity of identity of identity of PLICAT er sheet & identity of id	Submission  F) on: ies); or  f above copies  ION PARTS  document(s)) Power of Attorney pplicable) Copies of IDS Citations  03) at(s)					
18. If a CONTINUING APPLICATION, check appropriate box, and suppositing following the title, or in an Application Data Sheet under 3	oply the requisite information	on below and	d in the fire	st sentence of the					
specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation  Divisional  Continuation-in-part (CIP)  of prior application No.:09/890,115									
	OR	Corres	spondence	e address below					
Customer Number: 00116									
Address City	State		Zip C	ode					
	Telephone		Fa.	x					
Name (Print/Type)   Karon A. Fishman   Registration No. (Attorney/Agent)   44682									
Signature MG. 7			Date	August 18, 2003					

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PTO/SB/17 (08-03)

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FEE TO A NICHAITT A L		Complete if Known							
FEE TRANSMITTAL	_ [	Application Number N/A							
Filing Date		HEREWI	HEREWITH						
Filing Date Filing Date First Named Inventor Examiner Name		or Masanor	Masanori Konishi						
		Examiner Name N/A			N/A	I/A			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit N/A							
TOTAL AMOUNT OF PAYMENT (\$) 2398.00	ı	Attorney Docket No. 33476US2							
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
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The Director is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812 2	,	or filing a reques				
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	Е	Requesting public Examiner action				
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1002 330 2002 165 Design filing fee	1401		2401		Notice of Appea				
1003 520 2003 260 Plant filing fee	1402		2402		Filing a brief in s		appeal		
1004 750 2004 375 Reissue filing fee	1403		2403		Request for oral				
1005 160 2005 80 Provisional filing fee	1	1,510			Petition to institu Petition to revive				
SUBTOTAL (1) (\$) 750.00	1452		2452						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	l .	1,300	2453 2501		Petition to revive Utility issue fee		iai		
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SUBTOTAL (2) (\$) 1608.00		Other fee (specify)  *Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (\$) 40.00						00	
**or number previously paid, if greater; For Reissues, see above									
SUBMITTED BY (Complete (if applicable))									
Name (Print/Type) Aaron A. Fishman	Registration No. (Attorney/Agent) 44682 Telephone 216-579-1700								
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Date	August 18, 2	003	

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